## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/584465 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AS FILED** AFTER AFTER **AS FILED** 1" AMENDMENT 2 MAMENDMENT 1" AMENDMENT 2 <sup>™</sup> AMENDMENT IND. | DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP

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PTO - 1360 (REV. 11/04)

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